

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF OREGON

In re \_\_\_\_\_ ) Case No. \_\_\_\_\_  
 )  
 ) NOTICE OF DEBTOR'S  
Debtor(s) ) AMENDMENT OF MAILING LIST  
 ) OR SCHEDULES D, E, F, G AND/OR H

**I. FILING INSTRUCTIONS FOR DEBTOR(S):**

- A. File this form to add or delete creditors from the mailing list and/or Schedules D, E, F, G or H, or change the amount or classification of a debt listed on schedules D, E, or F. An amendment [filing fee](#) is required.
- B. If filing in paper, you must also include a creditor mailing list with ONLY the NEW or DELETED creditors listed in the format set forth on [Local Form #104](#). Be sure to label each set of changes (i.e., "Add", "Delete", etc.).
- C. If amending Schedules D, E, F, G or H, label them as "Supplemental" and include ONLY the NEW information, and file them with this notice.
- D. If amending Schedules D, E, or F, you must also file an updated Summary of Schedules ([Official Form #B6](#)), including page 2 if an individual.
- E. If the case is closed, you must also file a separate Motion to Reopen with the applicable [filing fee](#).
- F. To file an address change for a previously listed creditor, use [Local Form #101C](#) instead of this form.

**II. SERVICE INSTRUCTIONS FOR DEBTOR(S):**

- A. **When adding creditors:** Serve each new creditor with a copy of this notice, and a copy of any of the following documents that have already been filed in this case:
  1. **(All chapters)** The Notice of the Meeting of Creditors that includes all 9 digits of any Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).
  2. **(All chapters)** Each applicable amended schedule.
  3. **(All chapters)** When the time for filing a timely proof of claim or complaint under 11 USC §523(c) or §727 has expired, a separate notification that adding the creditor may not result in discharge of the debt. [Note: You must create this notification.]
  4. **(Chapter 7 or 11)** Any order, and any supplemental order, fixing time for filing a proof of claim form.
  5. **(Chapter 9, 11, 12, or 13)** (a) The notice of any pending confirmation hearing, all related documents required to be sent with that notice and, in a Chapter 13 case, the most recent proposed plan; or (b) the most recent confirmation order, the most recent confirmed plan, and, if a confirmed Chapter 11 plan, the approved disclosure statement related to the confirmed plan.
  6. **(Chapter 11, 12 or 13)** Any notice of modification of plan, including attachments, if time for objection has not expired.
  7. **(Chapter 9 or 11 only)** The names and addresses of the Chairperson and any attorney for each official Committee of Creditors or Equity Security Holders.
  8. **(Chapter 9 or 11)** The notice of any pending hearing on a proposed disclosure statement, with attachments.
- B. **When deleting creditors, changing a creditor status (e.g., nondisputed to disputed), or reducing a creditor's claim:** Serve each affected creditor with a copy of this notice, the applicable amended schedule(s), and the following:
  1. **(All chapters)** A notice to each deleted creditor that: (a) the creditor is being deleted and will not receive further notices unless the creditor files a written request with the court that includes the debtor's name, full case number, and the creditor's name and mailing address; and (b) if time has been fixed to file a proof of claim, the creditor should contact his/her attorney with any claims questions.
  2. **(Chapter 9 or 11)** A notice to each affected creditor that a proof of claim must be filed by the later of either (a) 30 days from the service date of this notice, or (b) the latest time fixed by the court.

**III. CERTIFICATE OF COMPLIANCE:**

The undersigned, who is the debtor or debtor's attorney, certifies that: (A) all applicable requirements above have been completed; AND (B) the attachments are true and correct [or were individually verified by the debtor(s)].

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print Signer's Name **AND** Phone No.

\_\_\_\_\_  
Debtor's Address & Taxpayer ID#(s) (last 4 digits)

**United States Bankruptcy Court  
District of Oregon**

**IN RE:**Case No. 14-32120elp7**Parker, Samuel Isaac**Chapter 7

Debtor(s)

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 14,218.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 17,231.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	3		\$ 23,830.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 996.00
J - Current Expenditures of Individual Debtor(s)	Yes	4			\$ 1,745.00
TOTAL		18	\$ 14,218.00	\$ 41,061.00	

**United States Bankruptcy Court  
District of Oregon**

**IN RE:**Case No. 14-32120elp7**Parker, Samuel Isaac**Chapter 7

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ <b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ <b>0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ <b>0.00</b>
Student Loan Obligations (from Schedule F)	\$ <b>6,406.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ <b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ <b>0.00</b>
<b>TOTAL</b>	\$ <b>6,406.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	\$ <b>996.00</b>
Average Expenses (from Schedule J, Line 22)	\$ <b>1,745.00</b>
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ <b>570.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ <b>6,231.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ <b>0.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ <b>0.00</b>
4. Total from Schedule F		\$ <b>23,830.00</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ <b>30,061.00</b>

IN RE Parker, Samuel Isaac

Debtor(s)

Case No. 14-32120elp7

(If known)

**SUPPLEMENTAL SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0292</b> <b>Capital One</b> <b>PO Box 30285</b> <b>Salt Lake City, UT 84130-0285</b>		<b>Credit Card</b>				<b>7,981.00</b>
ACCOUNT NO. <b>Bureaus Investment Group Portfolio</b> <b>1717 Central Street</b> <b>Evanston, IL 60201</b>		<b>Assignee or other notification for: Capital One</b>				
ACCOUNT NO. <b>Dept Of Education</b> <b>PO Box 69184</b> <b>Harrisburg, PA 17106</b>		<b>Student Loans</b>				<b>6,406.00</b>
ACCOUNT NO. <b>8721</b> <b>Johnson Regional Medical Cntr</b> <b>1100 E. Poplar St.</b> <b>Clarksville, AR 72830</b>		<b>Medical Debt.</b>				<b>6,244.00</b>
Subtotal (Total of this page)						\$ <b>20,631.00</b>
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

2 continuation sheets attached

IN RE Parker, Samuel IsaacCase No. 14-32120elp7

Debtor(s)

(If known)

**SUPPLEMENTAL SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>MSCB, Inc.</b> <b>1410 Industrial Park Rd.</b> <b>Paris, TN 38242</b>		<b>Assignee or other notification for:</b> <b>Johnson Regional Medical Cntr</b>				
ACCOUNT NO. <b>2985</b> <b>NW Natural Gas Co.</b> <b>7100 SW McEwan Ave.</b> <b>Lake Oswego, OR 97035</b>		<b>Utility Debt</b>				<b>98.00</b>
ACCOUNT NO. <b>Bonneville Collections</b> <b>1186 E. 4600 S. #100</b> <b>Ogden, UT 84403</b>		<b>Assignee or other notification for:</b> <b>NW Natural Gas Co.</b>				
ACCOUNT NO. <b>8001</b> <b>Pacific Power</b> <b>825 NE Multnomah Street</b> <b>Portland, OR 97232</b>		<b>Utility Debt</b>				<b>900.00</b>
ACCOUNT NO. <b>Bonneville Collections</b> <b>1186 E. 4600 S. #100</b> <b>Ogden, UT 84403</b>		<b>Assignee or other notification for:</b> <b>Pacific Power</b>				
ACCOUNT NO. <b>3441</b> <b>Radiologists Of Russellville PA</b> <b>209 S. Portland Ave</b> <b>Russellville, AR 72801</b>		<b>Medical Debt - Also Account No. Mxxx3440.</b>				<b>692.00</b>
ACCOUNT NO. <b>Professional Credit Management</b> <b>PO Box 4037</b> <b>Jonesboro, AR 72403</b>		<b>Assignee or other notification for:</b> <b>Radiologists Of Russellville PA</b>				

Sheet no. 1 of 2 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,690.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Parker, Samuel IsaacCase No. 14-32120elp7

Debtor(s)

(If known)

**SUPPLEMENTAL SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>9004</b> <b>Rebound Neurological Specialists</b> <b>200 NE Mother Joseph Place</b> <b>Vancouver, WA 98664</b>		<b>Medical Debt</b>				<b>524.00</b>
ACCOUNT NO. <b>Columbia Collectors Inc.</b> <b>1104 Main Street, Room 311</b> <b>Vancouver, WA 98666</b>		<b>Assignee or other notification for:</b> <b>Rebound Neurological Specialists</b>				
ACCOUNT NO. <b>5913</b> <b>Wells Fargo Bank</b> <b>PO Box 10347</b> <b>Des Moines, IA 50306</b>		<b>Credit Card</b>				<b>985.00</b>
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 2 of 2 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,509.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Total  
\$ **23,830.00**

IN RE Parker, Samuel Isaac

Debtor(s)

Case No. 14-32120elp7

(If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 20 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: April 28, 2014 Signature: /s/ Samuel Isaac Parker  
**Samuel Isaac Parker**

Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 (Joint Debtor, if any)  
 [If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*